B 25C (Official Form 25C) (12/08)

UNITED STATES BANKRUPTCY COURT

In re	SHINDER PAL , Case No. 19)-22241		
	Debtor Small Busine	ss Case under Cha	pter 11	
	SMALL BUSINESS MONTHLY OPERATING REPO	ORT		
Mon	th: MAY Date filed:			
Line	of Business: AUTO REPAIR NAISC Code:			
PER. ACC	CCORDANCE WITH TITLE 28, SECTION 1746, OF THE UNITED STATES CODE, I JURY THAT I HAVE EXAMINED THE FOLLOWING SMALL BUSINESS MONTHLY COMPANYING ATTACHMENTS AND, TO THE BEST OF MY KNOWLEDGE, THESE RECT AND COMPLETE.	Y OPERATING RI	EPORT AN	D THE
	PONSIBLE PARTY: Jan dividing in a Signature of Responsible Party			
	INDER PAL ted Name of Responsible Party			
Que	estionnaire: (All questions to be answered on behalf of the debtor.)		Yes	No
1.	IS THE BUSINESS STILL OPERATING?		9	
2.	HAVE YOU PAID ALL YOUR BILLS ON TIME THIS MONTH?		Ø ^	
3.	DID YOU PAY YOUR EMPLOYEES ON TIME?		= NA	
4.	HAVE YOU DEPOSITED ALL THE RECEIPTS FOR YOUR BUSINESS INTO THE DETHIS MONTH?	PIP ACCOUNT	<u> NA</u>	- - - - -
5.	HAVE YOU FILED ALL OF YOUR TAX RETURNS AND PAID ALL OF YOUR TAX MONTH	ŒS THIS	Ø	0
6.	HAVE YOU TIMELY FILED ALL OTHER REQUIRED GOVERNMENT FILINGS?		Ø	0
7.	HAVE YOU PAID ALL OF YOUR INSURANCE PREMIUMS THIS MONTH?		Ø	
8.	DO YOU PLAN TO CONTINUE TO OPERATE THE BUSINESS NEXT MONTH?			
9.	ARE YOU CURRENT ON YOUR QUARTERLY FEE PAYMENT TO THE U.S. TRUS	STEE?	Ø	
10.	HAVE YOU PAID ANYTHING TO YOUR ATTORNEY OR OTHER PROFESSIONA MONTH?	LS THIS	0	Ø
11.	DID YOU HAVE ANY UNUSUAL OR SIGNIFICANT UNANTICIPATED EXPENSE MONTH?	S THIS	ø	Ø
12.	HAS THE BUSINESS SOLD ANY GOODS OR PROVIDED SERVICES OR TRANSF ASSETS TO ANY BUSINESS RELATED TO THE DIP IN ANY WAY?	ERRED ANY		Ø
. 13.	DO YOU HAVE ANY BANK ACCOUNTS OPEN OTHER THAN THE DIP ACCOUNTS	IT?	┚	Ø

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14. HAVE YOU SOLD ANY ASSETS OTHER THAN INVENTORY THIS MONTH?		Ø
15. DID ANY INSURANCE COMPANY CANCEL YOUR POLICY THIS MONTH?		Ø
16. HAVE YOU BORROWED MONEY FROM ANYONE THIS MONTH?		\mathbf{Z}
17. HAS ANYONE MADE AN INVESTMENT IN YOUR BUSINESS THIS MONTH?	o	Ø
18. HAVE YOU PAID ANY BILLS YOU OWED BEFORE YOU FILED BANKRUPTCY?		Ø
TAXES		
DO YOU HAVE ANY PAST DUE TAX RETURNS OR PAST DUE POST-PETITION TAX OBLIGATIONS?	O	Ø
IF YES, PLEASE PROVIDE A WRITTEN EXPLANATION INCLUDING WHEN SUCH RETURNS WILL BE FILED, OR WHEN SUCH PAYMENTS WILL BE MADE AND THE SOURCE OF THE FUNDS FOR THE PAYMENT.		
(Exhibit A)		
INCOME		
PLEASE SEPARATELY LIST ALL OF THE INCOME YOU RECEIVED FOR THE MONTH. THE LIST SHOULD INCLUDE ALL INCOME FROM CASH AND CREDIT TRANSACTIONS. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)		
TOTAL INCOME	\$	3,100.00
SUMMARY OF CASH ON HAND		
Cash on Hand at Start of Month	\$	2,085.00
Cash on Hand at End of Month	\$	2,210.00
PLEASE PROVIDE THE TOTAL AMOUNT OF CASH CURRENTLY AVAILABLE TO YOU TOTAL	\$	2,210.00
(Exhibit B)		
EXPENSES		
PLEASE SEPARATELY LIST ALL EXPENSES PAID BY CASH OR BY CHECK FROM YOUR BANK ACCOUNTS THIS MONTH. INCLUDE THE DATE PAID, WHO WAS PAID THE MONEY, THE PURPOSE AND THE AMOUNT. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)		
TOTAL EXPENSES	\$	2,975.00
(Exhibit C)		***
CASH PROFIT		
INCOME FOR THE MONTH (TOTAL FROM EXHIBIT B)	\$	3,100.00
EXPENSES FOR THE MONTH (TOTAL FROM EXHIBIT C)	\$	2,975.00
(Subtract Line C from Line B) CASH PROFIT FOR THE MONTH	\$	125.00
		X400 Y00 IXX IXXII

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UNPAID BILLS

PLEASE ATTACH A LIST OF ALL DEBTS (INCLUDING TAXES) WHICH YOU HAVE INCURRED SINCE THE DATE YOU FILED BANKRUPTCY BUT HAVE NOT PAID. THE LIST MUST INCLUDE THE DATE THE DEBT WAS INCURRED, WHO IS OWED THE MONEY, THE PURPOSE OF THE DEBT AND WHEN THE DEBT IS DUE. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)

TOTAL PAYABLES \$ 0.00

(Exhibit D)

MONEY OWED TO YOU

PLEASE ATTACH A LIST OF ALL AMOUNTS OWED TO YOU BY YOUR CUSTOMERS FOR WORK YOU HAVE DONE OR THE MERCHANDISE YOU HAVE SOLD. YOU SHOULD INCLUDE WHO OWES YOU MONEY, HOW MUCH IS OWED AND WHEN IS PAYMENT DUE. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)

TOTAL RECEIVABLES \$ 0.00

0.00

(Exhibit E)

BANKING INFORMATION

PLEASE ATTACH A COPY OF YOUR LATEST BANK STATEMENT FOR EVERY ACCOUNT YOU HAVE AS OF THE DATE OF THIS FINANCIAL REPORT OR HAD DURING THE PERIOD COVERED BY THIS REPORT.

(Exhibit F)

EMPLOYEES

NUMBER OF EMPLOYEES WHEN THE CASE WAS FILED?		0
NUMBER OF EMPLOYEES AS OF THE DATE OF THIS MONTHLY REPORT?	-	0

PROFESSIONAL FEES

BANKRUPTCY RELATED:

FILING OF THE CASE?

BANKOFICI KELAIED.	
PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD?	\$ 0.00
TOTAL PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE?	\$ 0.00
NON-BANKRUPTCY RELATED:	
PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD?	\$ 0.00
TOTAL PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID SINCE THE	

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PROJECTIONS

COMPARE YOUR ACTUAL INCOME AND EXPENSES TO THE PROJECTIONS FOR THE FIRST 180 DAYS OF YOUR CASE PROVIDED AT THE INITIAL DEBTOR INTERVIEW.

		Projected	Actual	Difference	
INCOME	\$	3,000.00 \$	3,100.00	\$ 100.00	
EXPENSES	\$	2,860.00 \$	2,975.00	\$ 115.00	
CASH PROFIT	\$	140.00 S	125.00	\$ 15.00	
TOTAL PROJEC	TED IN	COME FOR THE NEXT MONTH:			\$ 3,000.00
TOTAL PROJEC	TED EX	KPENSES FOR THE NEXT MONTH	(\$ 2,860.00
TOTAL PROJEC	TED CA	ASH PROFIT FOR THE NEXT MON	TH:		\$ 140.00

ADDITIONAL INFORMATION

PLEASE ATTACH ALL FINANCIAL REPORTS INCLUDING AN INCOME STATEMENT AND BALANCE SHEET WHICH YOU PREPARE INTERNALLY.

Document

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Wells Fargo Opportunity Checking^{sм}

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SHINDER PAL DEBTOR IN POSSESSION CH11 CASE #19-22241 (NJ) 153 WILSON RD MAPLE SHADE NJ 08052-1460

Questions?

Available by phone 24 hours a day, 7 days a week: Telecommunications Relay Services calls accepted

1-800-TO-WELLS (1-800-869-3557) TTY: 1-800-877-4833

En español: 1-877-727-2932

Online: wellsfargo.com

Write: Wells Fargo Bank, N.A. (345)

P.O. Box 6995

Portland, OR 97228-6995

You and Wells Fargo

Thank you for being a loyal Wells Fargo customer. We value your trust in our company and look forward to continuing to serve you with your financial needs.

Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to wellsfargo.com or call the number above if you have questions or if you would like to add new services.

Online Banking	\overline{V}	Direct Deposit	
Online Bill Pay		Auto Transfer/Payment	
Online Statements	\checkmark	Overdraft Protection	
Mobile Banking		Debit Card	
My Spending Report	V	Overdraft Service	П

Statement period activity summary

Beginning balance on 5/1 \$15.00 Deposits/Additions 0.00 Withdrawals/Subtractions - 10.00 Ending balance on 5/31 \$5.00

Account number: 5953507208

SHINDER PAL

DEBTOR IN POSSESSION CH11 CASE #19-22241 (NJ)

Pennsylvania account terms and conditions apply

For Direct Deposit use

Routing Number (RTN): 031000503

Overdraft Protection

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo branch.

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Transaction history

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nding balance on 5/31				5.00
/29 Monthly	Service Fee		10.00	5.00
ate Number Descrip	tion	Additions	Subtractions	balance
Check		Deposits/	Withdrawals/	Ending daily

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Summary of Overdraft and Returned Item Fees

	Total this statement period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$70.00

Year-to-date totals reflect fees assessed or reversed since the first full statement period of the calendar year. Negative values indicate that fee reversals exceed fees assessed.

Monthly service fee summary

For a complete list of fees and detailed account information, see the Wells Fargo Account Fee and Information Schedule and Account Agreement applicable to your account (EasyPay Card Terms and Conditions for prepaid cards) or talk to a banker. Go to wellsfargo.com/feefaq for a link to these documents, and answers to common monthly service fee questions.

Fee period 05/01/2020 - 05/31/2020	Standard monthly service fee \$10.00	You paid \$10.00
How to avoid the monthly service fee	Minimum required	This fee period
Have any ONE of the following account requirements		
· Minimum daily balance	\$1,500.00	\$15.00
Total amount of qualifying direct deposits	\$500.00	\$0.00
 Total number of posted debit card purchases or posted debit card payments of bills in any combination 	of 10	0 🗆

The Monthly service fee summary fee period ending date shown above includes a Saturday, Sunday, or holiday which are non-business days. Transactions occurring after the last business day of the month will be included in your next fee period.



Effective June 20, 2020, we are updating the Funds Availability Policy in our Deposit Account Agreement as follows:

In the "Longer delays may apply" section, when a longer delay applies, we are making the following changes:

- The amount of your deposit that may be available on the first business day after the day of your deposit is increasing from \$200 to \$225.
- We are changing the check deposit amount exception that may lead to a delay of generally no more than seven business days from "You deposit checks totaling more than \$5,000 on any one day."

In the "Special rules for new accounts" section, setting forth special rules that apply during the first 30 days your account is open, we are updating the amounts in the two bullets in the second paragraph from \$5,000 to \$5,525 and from \$200 to \$225 as follows:

- The first \$5,525 of a day's total deposits of cashier's, certified, teller's, traveler's, and federal, state, and local government checks and U.S. Postal Service money orders made payable to you will be available on the first business day after the day of your deposit.

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- The excess over \$5,525 and funds from all other check deposits will be available on the seventh business day after the day of your deposit. The first \$225 of a day's total deposit of funds from all other check deposits, however, may be available on the first business day after the day of your deposit.

To provide you with additional flexibility to access accounts, we have increased the daily ATM withdrawal limit on your Wells Fargo Debit, ATM, or EasyPay Card(s) to \$710. Any card that already has a daily ATM withdrawal limit of \$710 or more remains the same. To view your card limits any time, sign on at wellsfargo.com/cardcontrol and click on Open Card Details.

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Worksheet to balance your account

Follow the steps below to reconcile your statement balance with your account register balance. Be sure that your register shows any interest paid into your account and any service charges, automatic payments or ATM transactions withdrawn from your account during this statement period.

A Enter the ending balance on this statement.

B List outstanding deposits and other credits to your account that do not appear on this statement. Enter the total in the column to the right.

Description	Amount		
Total	\$	+ \$	ĺ

C Add A and B to calculate the subtotal.

D List outstanding checks, withdrawals, and other debits to your account that do not appear on this statement. Enter the total in the column to the right.

Number/Description	Amount	
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		-
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	1	
	1	
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	l I	
Total	\$	

E Subtract D from C to calculate the adjusted ending balance. This amount should be the same as the current balance shown in your register.

General statement policies for Wells Fargo Bank

- To dispute or report inaccuracies in information we have furnished to a Consumer Reporting Agency about your accounts. You have the right to dispute the accuracy of information that Wells Fargo Bank, N.A. has furnished to a consumer reporting agency by writing to us at Overdraft Collection and Recovery, P.O. Box 5058, Portland, OR 97208-5058. Please describe the specific information that is inaccurate or in dispute and the basis for the dispute along with supporting documentation. If you believe the information furnished is the result of identity theft, please provide us with an identity theft report.
- In case of errors or questions about your electronic transfers, telephone us at the number printed on the front of this statement or write us at Wells Fargo Bank, P.O. Box 6995, Portland, OR 97228-6995 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.
- 1. Tell us your name and account number (if any).
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- 3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

